Effective October 1, 2000

Application or Docket Number

214491252X

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
TC	TAL CLAIMS		(Column 1)		(Column 2)		 	TYPE		OR	SMALL	ENTITY
TOTAL CLATIVIS			63					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 3 minus 20=		43			X\$ 9=		OR	X\$18=	774
INDEPENDENT CLAIMS			/ 2 minus 3 =		· q			X40=		OR	X80=	220
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	<u> </u>				+135=		OR	+270=	_
* If the difference in column 1 is less than zero, enter "0" in column 2							]	TOTAL		OR	TOTAL	2334
CLAIMS AS AMENDED - PART II								1		]	OTHER	
(Column 1) (Column 2) (Co						(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X40=		OR	X80=	
<u> </u>	rino1 rhese	NIATION OF IM	JETIPLE DEP	ENDEN	I CLAIM			+135=		OR	+270=	
							Į.	TOTAL		OR	TOTAL	
		,			ADDIT. FEE		JOH	ADDIT. FEE				
<del></del>		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	ן ה	· · · · · · · · · · · · · · · · · · ·		1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
								TOTAL		1	TOTAL	<u> </u>
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	<u>_</u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND ND	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<b>-</b> 0	=	┨╏	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										<b> </b>	
+1  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	ınd in the apı	propriate bo	x in co	olumn 1.	